Cont. Pe-								Application or Docket Number ·						
	OTAL CHARGEABLE CLAIMS minus 20= " DEPENDENT CLAIMS minus 3 = "  ULTIPLE DEPENDENT CLAIM PRESENT								٠		1	_	//	
Effective October 1, 2003										101	12	16.4		
		CLAIMS A	S FILED	- PART	1			SMALL	ENT	(ID)		OTHER	/ R THAN	1
_			(Colum	n 1)	(Column 2)			TYPE		OR				
TOTAL CLAIMS								RATE		FEE	7	RATE	FEE	1:
FOR			NUMBER FILED		NUMBER EXTRA		i	BASIC F	EE :	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			mlnus 20=		• .			XS 9=			OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 =		•			X43= .		OR	X86= ·			
ML	ILTIPLE DEPE	YDENT CLAIM P	RESENT						+145=		ОВ			1
* If the difference in column 1 is less than zero, enter *0* in column 2									+	<del></del>	OR	<u> </u>		1
	· c	LAIMS AS A	MENDE	O - PAR	T II	•		•	ــنا		٠,٠,٠	OTHER	THAN	1
		•				(Column 3)		SMALL ENTITY			OR SMALL ENTITY			1
<u> </u>	1.1.1					PRESENT	ſ			ADDI-	1	·	ADDY	1
¥	8/2/01	AFTER		PREVIO	USLY	1	- 1	RATE		IONAL FEE		RATE	TIONAL	ŀ
	Total	<del></del>	Minus	- 1	13	.9	ı	X5.0=	_	ree .	OR	XS16=	7.55	
AMENDMENT	Independent	. 18	Minus		1	4	ŀ	100	+		100	ALC:		1
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDENT	CLAIM		1	2402	4		OR	7907		1/
								+145=			OF	<b>+290</b> ⇒	200	ľ
/	120	1		•				TOTA		• .	OR	TOTAL ADDIT FRE	1	1
Ĺ	1-50-0	(Column 1)		(Colun	nn 2)	(Column 3)	ĺ	WU11. FE	- L.		•			
AMENDMENT B		CLAIMS REMAINING		HIGHE	ST	PRESENT	F		1	NDDI-	l Y		ADDI-	ľ
		AFTER - AMENDMENT		PREVIO PAID F	USLY	EXTRA		RATE		ONAL FEE		RATE	TIONAL	
	Total	. 46	Minus	•• 7	3	<b>-</b> O .	Γ	X\$ 9±	T.		OR	X\$18=		
	Independent	. 5	Minus		7	<b>-</b> ()	Ī	X43=	1	•	OR	X86=		
	FIRST PRESE	NTATION OF ME	JLTIPLE DE	PENDENT	CLAIM		ŀ		+-		רט	/	\-\-\-\	
			•				Ŀ	+145=	┸		OR	4290=		
						٠.	A	DOTA			OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colum	n 2) .	(Column 3)	•			•		•		
٦		CLAIMS REMAINING	·	HIGHE		PRESENT	Γ	:	ľA	DDI-			ADDI-	l
		AFTER AMENDMENT		PREVIO PAID F	USLY	EXTRA		RATE		ONAL FÉE		RATE	TIONAL FEE	
MON	Total	٠	Minus	**		z	r	X\$ 9=	T		OR	X\$18=		
AMENDMENT C	Independent	•	Minus	***	•	=	-	X43=	1-			X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-	~~J=	+-		OR	V00±		
											OR	+290=		
		mn 1 is less than thember Previously Pa					4	TOTAL			OR	TOTAL ADDIT, FEE		
•	I the 'Highest Nu	mber Previously Pa	ald For IN THI	S SPACE is	less tha	n 3. enter :3.		OOIT, FEE		riale box				
		, , , , , , ,	~ · ~ (101mm O	epende	,	···â·ir ai iloiimei		~ D. D.E. W.	wh					4